

## REPORTABLE USE OF FORCE INCIDENT DATA

## SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b) (7)(E)	Incident Title: Rocking Assault at (b) (7)(E) with Agent Involved Shooting	Orig. SIR No.:	Event No.: (b) (7)(E)
Office: Office of Border Patrol	Owning Organization: Tucson Sector/Nogales Station	Reporting Official: (b) (6), (b) (7)(C)	Telephone Number: (b) (6), (b) (7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 01:10 Friday 6/18/2010	
Number of Subjects: 2	Number of Involved CBP Officers/Agents: 2	Other Offices / Agencies Involved:	

## SECTION B - INCIDENT LOCATION INFORMATION

Address: (b) (6), (b) (7)(C)	City: Nogales	State: AZ	County: Santa Cruz
ZIP Code: 85621	Country: US	Longitude: (b) (7)(E)	Latitude: (b) (7)(E)
Character of Premises: Urban, Moderately Populated, Residential, Outdoors			
Illumination: -----			
If Natural Illumination: Night	If Artificial Illumination: Street Lights, Vehicle Headlights, Flashlights, Poor lighting		
Environmental Conditions: Dry, Calm, Desert			Estimated Ambient Temperature (°F): 55
Additional Comments (relevant to the incident information page): On June 18, 2010, at approximately 1:08 a.m., Nogales Station Camera/Radio Operators had a visual of five individuals carrying suspected narcotics on the United States side of the border, near the dirt portion of (b) (7)(E) in downtown Nogales, Arizona. This information was broadcast to agents in the field.  At 1:10 a.m., Border Patrol Agents (BPA) (b) (6), (b) (7)(C) (Nogales Station) and (b) (6), (b) (7)(C) (Ft. Hancock Station/El Paso Sector) arrived to the area. Nogales Radio advised the agents that the subjects with the suspected contraband were trying to go back south into Mexico. When BPAs (b) (6), (b) (7)(C) exited their vehicles and attempted to apprehend the subjects, the subjects started throwing large rocks at the agents. One rock struck BPA (b) (6), (b) (7)(C) in the left leg. BPAs (b) (6), (b) (7)(C) responded to the assault by discharging their assigned on-duty side arms for a combined total of three rounds (BPA (b) (6), (b) (7)(C) discharged one round and BPA (b) (6), (b) (7)(C) discharged two rounds). The assailants fled into Mexico and were last seen traveling further into the interior in a sedan. It is unknown at this time if any of the subjects were struck by any of the shots fired by the agents. The scene was secured for Tucson Sector's (b) (7)(E).  Deputy Commander (b) (6), (b) (7)(C) of (b) (7)(E) was notified at 1:25 a.m. At 1:45 a.m., (b) (6), (b) (7)(C) of (b) (7)(E) called and stated that (b) (7)(E) is en route, along with agents from the Office of Internal Affairs and			

**SECTION C - INVOLVED OFFICER / AGENT INFORMATION**

Name: (b) (6), (b) (7)(C)	Title: Border Patrol Agent	Service EOD: (b) (6), (b) (7)(C)	Duty Location EOD: (b) (6), (b) (7)(C)
Duty Location: Tucson Sector/Nogales Station			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: (b) (6), (b) (7)(C)	Weight: (b) (6), (b) (7)(C)
Age: (b) (6), (b) (7)(C)			
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: Federal: 4 State: 0 Local: 0	Wearing Body Armor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Operational Activity: Linewatch			

**SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION**

Injured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information:
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION E - WEAPONS USED BY OFFICER / AGENT**

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date:		Qualification Score:
Serial Number: (b) (6), (b) (7)(C)	Manufacturer: (b) (7)(E)	Model Name/Number: (b) (7)(E)	Caliber: (b) (7)(E)
Type: Pistol	Round Type (if Shotgun):		Rounds Fired: 5
Firearm Shooting Information:			
Posture: Standing	Posture Orientation: Facing Squarely		
Cover Usage: No Cover	Weapon Grip: Two-handed		
Target Elevation: At/Above Eye Level	Aiming Method: Sight Aim		
Firing Mode: Semi-automatic	Estimated Distance (Express in Yards): Minimum: 15 Maximum: 25		
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage:			

**SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT**

<b>Intermediate Device Information:</b>	
Device:	Device Type:
Description:	
<b>Intermediate Device Deployment Information:</b>	
Posture:	Posture Orientation:
Cover Usage:	Weapon Grip:
Target Elevation:	Aiming Method:
Firing Mode:	Estimated Distance ( <i>Express in Yards</i> ): Minimum: 0 Maximum: 0
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Time Needed for Decontamination ( <i>Express in Minutes</i> ): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

<b>Other Force Information:</b>	
Device Type:	Description:
Comments:	
<b>Other Force Deployment Information:</b>	
Posture:	Posture Orientation:
Cover Usage:	Estimated Distance ( <i>Express in Yards</i> ): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

**SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION***(Data Merged with Section E Above by Weapon)***SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION**

What Training ( <i>in addition to Basic Academy</i> ) Assisted the Involved Officer/Agent:
Training Recommendations:

**SECTION H - SUBJECT INFORMATION**

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): UNKNOWN, UNKNOWN		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: 26-30 years old	Height: 5'0" - 5'11"	Weight: 150 - 199 lbs	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

**SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION**

Firearm Information: <input type="checkbox"/> Unknown				
Type:		Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number:	Manufacturer:	Model Name/Number:	Rounds Fired:
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): <input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental				
Subject Other Weapon Information (NOT Firearm): Rocks				

**SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT**

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: UNKNOWN, UNKNOWN	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

## ADDITIONAL COMMENTS

Additional Comments for Incident:

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Office of Professional Responsibility. The Federal Bureau of Investigations and Office of Inspector General declined to respond at this time due to no serious injuries incurred or suspects in custody.

Operator (b) (6), (b) (7)(C) of (b) (7)(E) was notified at 1:13 a.m. (report# (b) (7)(E) ) .

Operator (b) (6), (b) (7)(E) of (b) (7)(E) was notified at 1:24 a.m. (report# (b) (7)(E) )

Supervisory Border Patrol Agent (SBPA) (b) (6), (b) (7)(C) of Nogales Station's (b) (7)(E) was notified of the incident at 2:30 a.m.

Special Agent (b) (6), (b) (7)(C) of Immigrat

## SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

### SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)		(b) (6), (b) (7)(C)

### SECTION C - INVOLVED OFFICER / AGENT INFORMATION - (b) (6), (b) (7)(C)

Name: (b) (6), (b) (7)(C)	Title: BORDER PATROL AGENT	Service EOD: (b) (6), (b) (7)(C)	Duty Location EOD: (b) (6), (b) (7)(C)
Duty Location: El Paso Sector/Fort Hancock Station			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: (b) (6), (b) (7)(C)	Weight: (b) (6), (b) (7)(C)
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: Federal: 4 State: 0 Local: 0	Wearing Body Armor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Operational Activity: Linewatch			

### SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION - (b) (6), (b) (7)(C)

Injured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information:
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

## SUPPLEMENTAL

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### SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)		(b) (6), (b) (7)(C)

### SECTION E - WEAPONS USED BY OFFICER / AGENT - (b) (6), (b) (7)(C)

<b>Firearm Information:</b>			
Ownership:	<input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date:	Qualification Score:
Serial Number:	Manufacturer:	Model Name/Number:	Caliber:
(b) (6), (b) (7)(C)	(b) (7)(E)	(b) (7)(E)	(b) (7)(E)
Type:	Round Type (if Shotgun):		Rounds Fired:
Pistol			5
<b>Firearm Shooting Information:</b>			
Posture:		Posture Orientation:	
Standing		Facing Squarely	
Cover Usage:		Weapon Grip:	
No Cover		Two-handed	
Target Elevation:		Aiming Method:	
At/Above Eye Level		Sight Aim	
Firing Mode:		Estimated Distance (Express in Yards):	
Semi-automatic		Minimum: 15      Maximum: 25	
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage:			

### SECTION H - SUBJECT INFORMATION - UNKNOWN2, UNKNOWN2

Type:	Reason (Animal):	Description of Animal:	
<input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	<input type="checkbox"/> Defense <input type="checkbox"/> Euthanize		
Name (Last, First, Middle):		Sex:	
UNKNOWN2, UNKNOWN2		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age:	Height:	Weight:	Wearing Body Armor:
26-30 years old	5'0" - 5'11"	150 - 199 lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire:		<input type="checkbox"/> Deceased	
<input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None			

## SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and/or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and/or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

### SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)		(b) (6), (b) (7)(C)

### SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN, UNKNOWN

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: UNKNOWN, UNKNOWN	
Effective at Stopping Immediate Threat:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

### SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN2, UNKNOWN2

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: UNKNOWN2, UNKNOWN2	
Effective at Stopping Immediate Threat:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

### SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN2, UNKNOWN2

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: UNKNOWN2, UNKNOWN2	
Effective at Stopping Immediate Threat:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown